Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) b. COUNTY Cecil e. COUNTY I director, Page or your files. e. STATE of Health, Gegil MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give necrest town) Elkton DaO alla Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE P Boar ON A FARM? YES NO 5 220 Wan Madin State Union Hospital and 3 to the to 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) Balling 19 63 Hilary John with IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 2 with lest birthday) MEDICAL EXAMINER: This certificate should be executed within 24 hours after deside the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may L. DIRECTOR: Page 3 should be used as a burial-fransit parmit. File page 1 and 2 with the page 3 should be used as a burial-fransit parmit. File page 1 and 2 with the page 1 and 2 with th Months Davs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, even if retired) House Painting 13. FATHER'S 14. MOTHER'S MAIDEN NAME Louise Nurnberg John W. Balling WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Elkton, Md. (Yes, no, or unkown) | (Ifyes give wer or dates of service) Mrs. Marie P. Balling. 220 W. Main ST. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (a) **DUF TO** Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cute the certificate, writing the word of forwarded to the Chief Medical E. AL DIRECTOR: Page 3 should be insted agent, prior to burial, crematinated NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Suicide Homicide Undetermined manner Natural Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Salesing Sun should R.C.Dodson NAME (Type) DEP 225. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION. 22c. (State) REMOVAL (Specify) 40 ADDRESS REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE TUNERAD DIRECTOR VS. ATSME SM 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY  CERTIFICATE OF DEATH  1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, Il institutions Residence in the county of the county o	lence before admission)
MARYLAND MARYLAND HARFOR	0.1
MARYLAND MARYLAND HARFOR	o nearest town
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RUNAL and gi	
write RURAL and give nearest town)  250445. Halling OF GRACE	1574-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel), give street address)  d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
3. NAME OF First Middle Last 4. DATE Month D	YES NO A
DECEASED (Type or print) PHOESE BARNARD OF DEATH 7 3	
5. SEX  6. COLOR OR RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR  BY DAYS   19. WIDOWED   DIVORCED   1   2 8   5 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
	OF WHAT COUNTRY?
13. FATHER'S MANE WIFE HOUSEWISE CONSUME CONSUMER US MOTHER'S MADE NAME	S.A.
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To a solution of the solution	
NO NO LETT HAUZE	OF GASC
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTION LUNGS & VISCERA	24 ACS
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Conditions, if any, which   COLONARY APTERIOSCIEROSIS	YEARS.
(a), slating the underlying DUE TO NEUMONITIS	7 DAVS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.)	YES NO P
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County)  Hour a.m.  19   19   19   19   19   19   19   19	(Stata)
p.m. 19   all work	that (I) (1) last
saw the deceased alive on 2/30 19.6.1, and that death occurred at 7.1.M, from the causes and on the	
22a. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED
M.D. PHYS. DIRECTOR PHYS. C	1/30/6/
NAME (Type) / HANDAIL TOSS, M.D. EIKTON, MD	
230 AURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CAMETERY OF CREMATORY. 23d. LOCATION (City, town or county)  REMOVAL (Specify)  REMOVAL (Specify)  REMOVAL (Specify)	ma (5/9 a)
H H 24 FONERAL DIRECTOR'S SIGNATURE / / ADDRESS // 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
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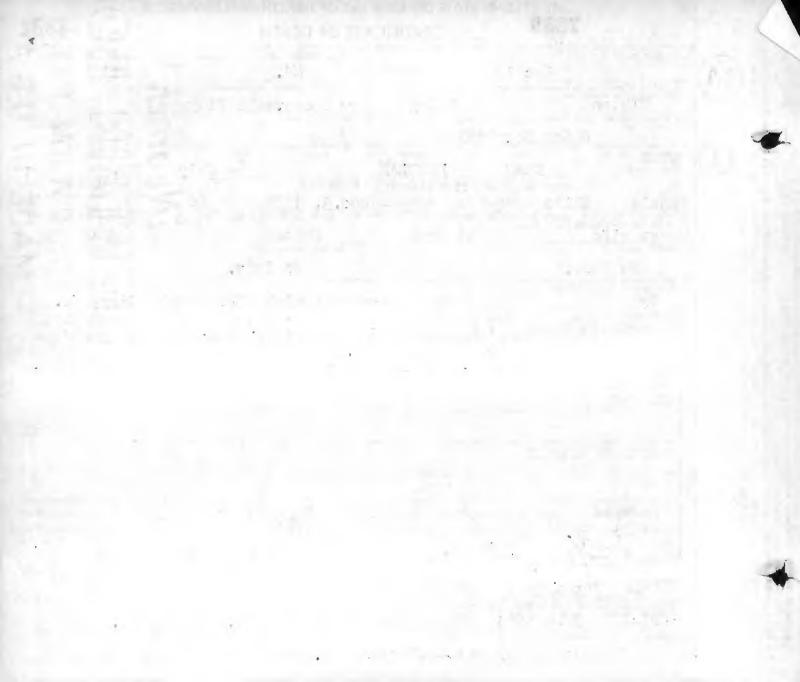
o. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived. If institu- b. COUNT		sion)
b. CITY OR TOWN (IF RURAL and give nea ELKTOT		c. LENGTH OF STAY IN 16	c. city or town (if o	utside corporote limits, write ake City	RURAL and give nearest tow	n)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street Union Hospi		d. STREET ADDRESS		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First MARY	Middle BAWULAK	Last	4. DATE MO OF DEATH JULY	onth Day	Yeor 1961
5. SEX Female	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours	ER 24 HRS Min.
10a. USUAL OCCUPATION during most of working House wife	ng life, even if retired	at Home	Poland		USA	COUNTRY
13. FATHER'S NAME NO II				info.		. 3
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? yes, give war or dates of service)		informant inko Bawulak		dress de Citv. Md.	
Conditions, if on: gove rise to im couse (o), stoling it lying couse lost.  PART II. OTHE OR CONTRIBUTING I (IF EITHER, NOTIFY M	mediate DUE TO	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THETERMI	nal disease condition g	PERF	AUTOPSY ORMED?
	CAUSE OF DEATH		ACE OF INJURY (Home, form	, 20f. (City or town)	(County)	(Stote
20c. TIME OF INJURY Hour o. m. p. m.	19 While	Not while	octory, street, office bldg., etc.	1	*)	
21. I certify the alive an Actual SIGNATURE  PHYSICIAN'S NAME (Type)	HENRY V.	Seed from August of that death of the seed		M, fram the causes a ADDRESS (Street, city or town		
220. BURIAL, CREMATION REMOVAL (Specify)	7/24/1961	22c. NAME OF CEMETERY C		22d. LOCATION (City, town. Nr. Elkton.		ole)
23. FUNERAL DIRECTOR'S PIPPIN FUN	SIGNATURE CRAL HOME	ADDRESS  ADDRESS  Elkto		D BY REGISTRAR 24b. REG	SISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ref. Let by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it. The funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

y the funeral director, 2 shauld be filed with

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CERTIFICATE OF DEATH 7240 Reg. Dist. No. il directar, filed with 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admiss PLACE OF DEATH o. COUNTY b. COUNTNEW Castle MARYLAND Delaware funeral b. CITY OR TOWN (If outside corporate limits, write Pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Middletown should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 Union Hospital 5 S. Cox St YES TI NO NAME OF Middle 4. DATE Month filled DECEASED OF DEATH Clifton 1961 Thomas Beck July 15 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely lost birthday) Months Days Male Dec 25. DIVORCED [ WIDOWED [7] 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired)

Retired Farmer Marvland 12. CITIZEN OF WHAT COUNTRY Maryland U.S.A. and carban ŏ after 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John Beck Alice Morries тауе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. INFORMANT Address attending Mrs. Clifton Beck Middletown. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underand the haspital ar attending physician. lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY remayal, PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour c. m. While Not white at work of work p. m. 21. I certify that Lattended the deceased fram that I last saw the deceased alive an that death coccurred at. from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or lawn, stote) ACTUAL SIGNATURE Ė should PHYSICIAN'S NAME (Type) O FUNERA 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REMOVAL (Specify) Masse Massey Cem Maryland 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) 1SM 9/58

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. -11 Annual and BULLET LD. •  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be for a by the haspital an attending physician and campletely filled in by the funeral director, and the following physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, at remaval, and in any event within 72 hours after death.

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PLACE OF DEATH O. COUNTY FC.// MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence a. STATE b. COUNTY F.C.L.	before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CHESAPEAGE CITY  3 mc.		re nearest town)
a NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MCRGAY NURSING Hame	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) AHNA FLIZABETH	BOYLES DEATH JLY	Day Year 2 196/
6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	OCT 25 1879 81 yrs Months D	YEAR IF UNDER 24 HRS lays Haurs Min
00. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)  HOME  HOME	MARYLAND	EN OF WHAT COUNTRY
HENRY W. TAYLOR	LETITIA KNOTIS	
5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (19 yes, give wor or dottes of service)  WONE  U.	INFORMANT Address IM. RAY BOYLES WARWICK MY	PRYLAND
18. CAUSE OF DEATH [Enter only one cause per ting for (a), (b), and (c) ] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	io S	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the under.  DUE TO  DUE TO	un CV. Disem	Zysono
Iying cause last   (c)	UT NOT RELATED TO THE TERM NAL DISEASE COND TION G VEN IN PART	I(a) 19 WAS AUTOPSY PERFORMED? YES NO
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20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Not white at wask at wask at wask.	PLACE OF INJURY (Hame, farm, 120f (City or tawn) (Co factory, street, affice bldg, etc.)	unty) (State
21. I certify that I attended the deceased from 12 alive of 12 and that dea		saw the deceased
PAYSICIAN'S FENLY V. DAUIS MD.	( DAESA PEAKE (	17 1/2
220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BURIAL (Specify) 7/25/1961 WARWICK	CEMETERY WARLICK MI	RYLAND
PICPIN FONDRAL HONE DELLA DO. 1960	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN (WLFV) DATE JUL 26'61 Civiling 2.	



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF DEATH 7-1-11 UZYC HFALTH DEPT Z. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admissiph I. PLACE OF DEATH a. COUNTY files. Health, a. STATE Page b. COUNTY Cecil is necessary MARYLAND Hearford b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 eral director. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your write RURAL and give nearest town) Chesaneska City few hours Ligewood RITTLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Boar IS RESIDENCE ON A FARM? 200 a State Army Chemical Center YES NO Ganal 3. NAME OF Middle Day Year be retail or death. If any and 3 to the DECEASED OF Type or prior Tred with the Augustus Brooks DEATH 19 61 hours affer 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) IF UNDER 24 HRS. may 2 Months Devs Hours WIDOWED [ DIVORCED 10a, USUAL OCCUPATION (Give kind of work pue 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (Stelle or foreign country) done during most of working life, even If retired) ould be executed within 24 hours in pencil in Item 18, Give Pages Soldier UaSala pages 1 within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Blanche Williams Form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unknwn) ((fyesgive weror detas of service) Office along with for burial-transit permit. Army Records - AEdge wood Md. 18. CAUSE OF DEATH junior only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Browned IMMEDIATE CAUSE (a) This certificate should be removal **DUE TO** Conditions, if any, which 151 gave rise to Immediate cause Ø **DUE TO** Examiner (e), stating the underlying 占 pesn cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY CERTIFICATION PERMIT sase execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati YES NO\_F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 1173 4 16 " 10 121-1-1 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinion death resulted from. Natural causes Accident T Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) DaDodson shoul 22a, BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country 0 70 ö 23. FUNERAL DIRECTO /24e. REC'D BY REGISTRAR 24b. REGISTRARY SIGNATURE VS. AISME 5M 9/60 arthur S. Trans

I £ 21. 1. 2. 4 100  $Z_{i}^{r}$ 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) day is necessary, al director. Page of for your files. e. COUNTY Health b. COUNTY Cecill MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) ō Elkton Elkton, R.D. hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Dogwood Road Union Hospital YES NO Stat NAME OF Midd ame FOR 4. DATE DECRASED with the OF (Type or print) John DEATH eron 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with last birthday) Months Hours WIDOWED DIVORCED age 5 m 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) School Boy Student Md. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Bue Rah Smith Arthur Cameron 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detas of service) Office along with buriel-transit permi Arthur Cameron, Elkton, R.D.Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Mutilated right hand Shock perforation of intestines IMMEDIATE CAUSE (e) DUE TO perferation od Iliac vessells massive hemorrhage and cerebral gave rise to immediate cause DUE TO (a), stelling the underlying Examiner anoxia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY cremati 2 PERFORMED? the certificate, writing the word warded to the Chief Medical E Medical NO D should 20m. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) the Chi. PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Home made bomb went off SAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) 29, 61 at work et work Dogwood Road Elkton Cacili Md. prior 등 문 문 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection .... Inquiry and in my opinion should be forwarded to FUNERAL DIRECTO Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 🦳 DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S R.C.Dodson pinous Rising Sun Md County NAME (Type) BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) Elkton ö J. L. C. J. J. 40 Gilpin Manor Mem. Park ā 23. FUNDRAL DIRECTOR 424a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE YS. A15ME arthur & France 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 2 ricel CERTIFICATE OF DEATH 7846 Reg. Dist. No. director, fired with PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived If institut an Residence before admission o. STATE a. COUNTY Ei-ed COUNTY Cecil MARYLAND Md. the funeral should be fi CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bohemia Manor Elkton d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS near Chesapaake Jity e IS RESIDENCE ON A FARM? OR INSTITUTION Union Hospital YES NO NAME OF Middle 4. DATE OF Month Year filled Sadie M. DEATH (Type or print) Congo July 19 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS completely last birthday) Manths Col. Feb.10.1900 WIDOWED | DIVORCED | F'emale 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, eyen if retired) U.S.A. Maryland puo Housêwife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phomie White Thomas Mercer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending p Thomas Congo-Bohemia Manor, M d. Unknown 1B. CAUSE OF DEATH [Enter only one couse per line for (g), jb), and (c).] INTERVAL BETWEEN ONSET AND DEATH Delasono PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if pny, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \ NO \ 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) cremation, 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) for use Haur a.m. While Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased, alive an olikector: and that death occurred at-M. Fram the causes and an the date stated above. ADDRESS (Street, city or town, state) SIGNATUR PHYSICIAN'S NAME (Type) O FUNER 220. BUR AL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 6] Bohemia Manor Cem. Bohemia Manor, Md. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATEL 1 0 '61 909 Polar tta arthur & Kraus 15M 9/5B limington, Delaware

low requires that the death certificate be executed within 24 hours after death. Page



1 2	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
· GRA	7847 CERTIFICATE OF DEATH 1WK Rog. Dist. No. 0783
death Page uneral director	1. PLACE OF DEATH a. COUNTY 3011  MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b COUNTY Delaware New Castle
	b. C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give pearest town)  Middletown R.D. 1
ors offer Show	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union Hospital  d. STREET ADDRESS  ON A FARM? YES   NO
I sed I	3 NAME OF DECEASED (Type or print) (Type or pr
etely fi	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) White WIDOWED DIVORCED NOVE 23. 1878 9 AGE (In years lost birthday) Months Days Hours Min
cecuted compl papers eath.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTR during most of working life, even if retired)
an and carbon after d	Farmer Farming Delaware  13 FATHER'S NAME COVERDALE  14. MOTHER'S MAIDEN NAME
physici emove haurs	Samuel Coversion   Eliza Carpenter  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address  [Yes, no, or unknown] [If yes, give war or dates of service]
th ce ding sse r	221-14-2396 Mrs. W. S. George, Camden, Del.
the dea he atten hen plec	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)
ed by tremit. Tany ev	Conditions, if thy, which gave rise to immediate (b) HYPERTENSIVE CARDIO JARCHLAR RENDL 3 year
rian en sign ensit pe ond in	cause (a), stating the under- lying cause last.  DUE TO  PART AT TITS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS
The law g physic has be irral-tra movol,	PERFORMED? YES NO
rending ifficate iffi	20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20g ACCIDENT WAS UNDERLYING CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
haspital ar att After this certi hed far use as irial, crematian	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Nat while at work a
	21. I certify that I attended the deceased from flex 1/25/19, to 1/25, 1961, that I last saw the deceased alive an 1/25/19, 1961, that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive an 1/25/19 that I last saw the deceased alive and 1/25/19 that I last saw the deceased alive and 1/25/19 that I last saw the deceased alive and 1/25/19 that I last saw the deceased alive and 1/25/19 that I last saw the deceased alive and 1/25/19 that I last saw the deceased alive and 1/25/19 that I last saw the deceased alive and 1/25/19 that I last saw the deceased alive and 1/25/19 that I last saw the deceased alive and 1/25/19 that I last saw the deceased alive aliv
A ATTEI d by It- ifCTOR be deta or la bi	ACTUAL SIGNATURE ADDRESS (Street, city or town, state) DATE SIGN SIGNATURE  ACTUAL SIGNATURE  M.D. OHT SAPPAKE CITY  DATE SIGN
RAL OI Shauld Istrar pri	PHYSICIAN'S HENRY U. DAVIS MD MG
HOSP may be FUNE page 3 he regg	22a. BLRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial July 28,1961 Barratt's Chapel Frederica. Delaware
P P P P P P P P P P P P P P P P P P P	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS CALL DATE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE 261 CILLIN & KLAUS



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institutions Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. Maruland MARYLAND Cecil b. CITY OR TOWN (if outs de corporete limits. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL end give neerest town) North East 26 years North East d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RES DENCE ON A FARM? East Cecil YES NO 3 .venue 3. NAME OF DATE Middle DECEASED (Type or print) DEATH 19 COME July ¥ithi. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER TYEAR) SEX IF UNDER 24 HRS lest birthdey) | Months Hours June 1 WIDOWED T DIVORCED Female 10e. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife England U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Worthington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIAL SECURITY NO., 17 INFORMAN (Yes, no, or unkown) | (If yes give wer or detes of service) John C. Coyle, North East Maruland 18. CAUSE OF DEATH ,Enter only one couse per line for (a) ,b), end (c) ] INTERVAL BETWEEN ONSET AND DEATH PART . DEATH WAT CAUSED 8Y: -Valvular Heart Cardiac Failure IMMEL ATE CAUSE (a) DUE TO Cardio- Vasmular Renal Disease Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY PERFORMED? -Spinal NO Arthritis 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a ACCIDENT WAS JNDERLYING . I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 1 20d INUJRY OCCURRED 2De PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Wh le Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from July12.1961 , to ... July. 16., 1961, that (1) (we) last death occured at M, from the causes and on the date stated above. saw the deceased alive on. ATTENDING 22a. SIGNATUR SLÉNED D RECTOR 22c. PHYSICIAN' NAME (Type) North East Maryland 236. BURIAL, CREMATION, 1 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d LOCATION (City, fown or county) Immaculate Conception Cenetery, Elkton, Many 0 REC'R BY REGISTRAR 256. REGISTRAR'S SIGNATURE **VR A15 (4)** arthur & Huma 15M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) e. COUNTY y is necessary, director, Page b. COUNTY New Jersey Cecil MARYLAND b. CITY OR TOWN (Il outside corporate limits. c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest lown) Your Pennsville hrs. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ō Union Hospital of Cecil County 5th & Castle Heights 3. NAME OF Middle DATE Month DECEASED OF (Type or print) Harry Dalbow DEATH July 27. ¥i¥ 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | 72 hours last birthday) male white WIDOWED F DIVORCED 10s. USUAL OCCUPATION (Give kind of work certificate should be executed within 24 hours after d'pending" in pencil in Item 18. Give Pages 1, 2, 1 Examiner's Office along with form PM3. Page 5 be used as a burlal-transit permit, File pages 1 and 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even il retired) Paper Hanger Construction Work File pages 1 New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stillwell Dalbow Christine Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [ (If yes give war or dates of service) World War II Mrs. Harry Dalbow 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). 5 PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE IN **DUE TO** Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (e), stating the undarlying 0 cremation, or cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY CERTIFICATION cute the certificate, writing the word of forwarded to the Chief Medical E. AL DIRECTOR: Page 3 should be majed agent, prior to burial, cremating 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Homa, farm, Month, Day, Year 20f. (City or town) fectory, street, office bldg., etc.) Not While MEDI Hour e.m. Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X death resulted from: Natural causes Suicide. Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER PYSMINER'S NAME (Type) C. Dodson Address (Street, city, town, or county) Rising Sun, Md 220, BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) WOODSTOWN 240 g LAWNSIDE Remova 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE YS. A15ME Cl hur & Thous

RYLAND STATE DEPARTMENT OF HEALTH

Salem

Day

USA

e. IS RESIDENCE

YES NO K

1967

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

min.

PERFORMED?

NO

[Steta]

and in my opinion

DATE SIGNED

(State)

YES.

(County)

12. CITIZEN OF WHAT COUNTRY?

Year

ON A FARM?

5M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) y is necessary, I director. Page or your files. eard of Health, . COUNTY e. STATE b. COUNTY. Cecili NewCastle MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give necrest town) for your foot of the write RUPAL and give nearest town) Wilmington Lahra. Hollywood Beach d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? <u> 1113 W. Third</u> YES NO 3. NAME OF First Middle 4. DATE Month Year DECEASED 19 63 Dillman, Sr. (Type or print) DEATH Albert. John 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5 may d 2 with hours at last birthday) Months Davs House 6.1898 WIDOWED [ DIVORCED I 62+ yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page : done during most of working life, even If retired) U-S-A-Md. Welding con. Retired Welder Pages L 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME H. Scarberough Samuel Dillman Wilmington, Del. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INPORMANT (Yes, no, or unkown) | (Ifyesgive war or dates of service) Mrs. John A. Dillman 1112 W. Third St. ing" in pencil in Item It er's Office along with as a burial-transit permit removal, and in any with 221-10-9138 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: Dissecting Ansurysmof acrts arch IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) "pending" gave rise to immediate cause Examiner's DUE TO 155 40 (e), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY CERTIFICATION PERFORMED? cate the certificate, writing the word a forwarded to the Chief Medical E. AL DIRECTOR: Page 3 should be naied agent, prior to burial, cremail YES NO 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (State) Not While factory, street, office bidg., etc.) at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Accident Suicide . Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER designated **ACTUAL** ASSISTANT MEDICAL EXAMINER DATE SIGNED PUNERAL BIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnods Rising Sun. R.C.Dedson NAME (Type) 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) 22b. DATE THEREOF (Stele) REMOVAL (Specify) Gracelawn Abbey Farnhurst. Delaware Q40 g Entombment 23- FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE VS. A15ME Circling S. Thousa 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

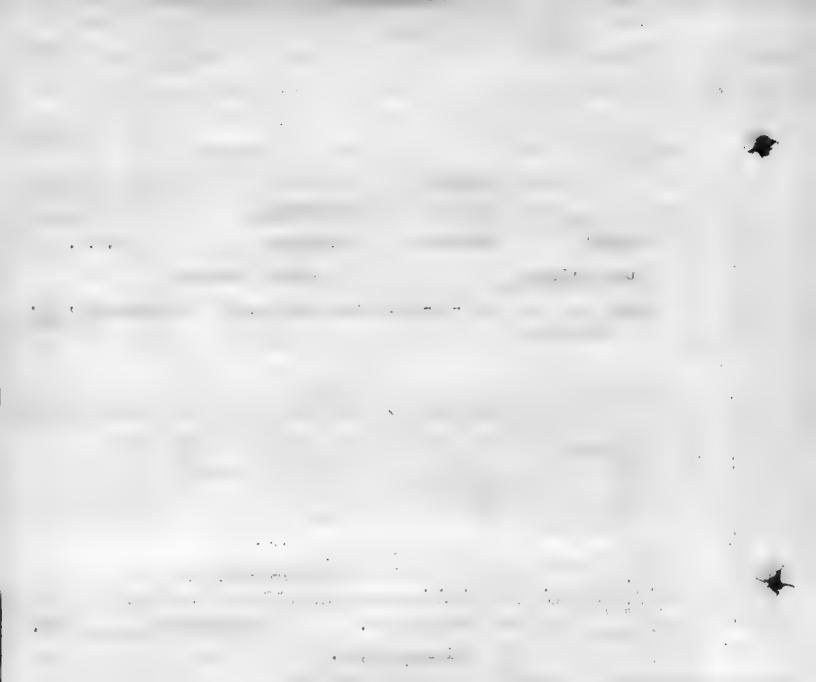
Del. . 20 35

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY Pennsy lvani a by the and 2 adeath. Cecil MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest fown) Olanta 38yrs.2mo.lldays Perry Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS \* SIDENCE ON A FARM? Veterans Administration Hospital YES NO X 3. NAME OF 4. DATE DECEASED (Type or print) WALTER S. DEATH ENGLISH 1961 July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey] Months I Male White WIDOWED DIVORCED [ 6-15-86 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farm Pennsylvania IISA Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fraffius English Elizabeth Woodling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give we ror detas of service) Not available Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN 5-15 min PART I. DEATH WAS CAUSED BY: Arrhythmia ventricular IMMEDIATE CAUSE (e) **DUE TO** Arteriosclerotic heart disease unknown Conditions, if ony, which geve rise to immediate cause DUE TO (a), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? Arteriosclerosis generalized 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20t. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour am. of work et work 21. | certify that NECONSCIENCE attended the deceased from April 24..., 1923, to July 5......, 1961 State (1980) \*\*\* XNOTATE THE CAUSES and on the date stated above. 276 DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MOONEY Asst. Clinical Pathologist, V. A. Hospital, Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) 23 BURIAL, CREMATION, 236. DATE THEREOF Clearfield County, Pa. Fairview 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



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X-02 02122	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
TOR STATE	785 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 078	44
HEALIH DEPI.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed fived, if institution: Residence before e	dmission)
actor, Page our files, of Health,	Cecil Maryland 6. COUNTY Cecil	
が一番単一人	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	n}
is nece your f	X Port Deposit	
lay is for y Board	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  d. STREET ADDRESS  e. IS RI	ESIDENCE A FARM?
Y X		но 🔀
any se fai efai death	3. NAME OF First Middle Last 4. DATE Month Day Year OF	
the state of the s	(Type or print) PAUL ESTET. FULLER DEATH July 23. 19	61
#### T	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In your IF UNDER 1 YEAR) IF UNDER	24 HRS.
frer des 2, and 3 5 may d 2 will hours	Male White WIDOWED DIVORCED 8/19/1909 51 yrs. Months Deys Hours	MIn,
2 ho	108. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTRY   11. SIRTHPLACE (Stele or foreign country)   12. CITIZEN OF WHAT C	OUNTRY?
h 40 (0 mm	Laborer Saw-Mill Virginia U.S.A.	
24 hour o Pages 2M3. Pa pages 1 within	13. FATHER'S NAME	-
	John Fuller Julia Meadows	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
	(Yes, no, or unknown) (Hyesgivewerordetesofsorvice) 177-10-9691 Eula May Fuller Port Deposit, May Fuller	10.
in Item 1 in Item 1 in Item 1 in Stripermi	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	
	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Drowning	HTAS
오늘만누네	9'_9 & DUE TO	
should by ig' in period of the	Conditions if any, which (b)	
Show and a show a show and a show a show and a show a	gave rise to immediate cause	
등 등 등 등 %	(e), stating the underlying cause fast.	
rtifica "pen xamir used ion, o		
STOM OF T		NO -
the wor Medical Should b	200 EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Port II of item 18.)	
Medishoul	Found drowned (Was swimming)	
EXAMINE ste, writing the Chief / the Chief / R: Page 3 srior to buris	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
Amm writing Chia Page r to b	Hour Xames 7/23 61 While Not While North Point Pierry 1 Coci7	ıd.
cate, to the OR: P	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection , Inquiry , and in my o	
다른 사람들	death resulted from. Natural causes Accident A., Suicide, Homicide, Undetermined manner	
	/ Chief Menical Eva United	
ind age		NED
AL DII	ASSOCIATE LANGUETOU A	
* T M M	EXAMINER'S Peter W. Rieckert, M.D.  Address (Street, city, town, or county)	OI
DEF. sess execute should be for FUNERAL its designat	220. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country)	e) =
O 240 p	REMOVAL (Specify)	<b>Id</b>
A A	Burial 7/2/1901 Hopewell Cem. Port Deposit  25 EUNERAL DIRECTOR  ADDRESS 244. REC'D BY REGISTRAR   Z4b. REGISTRAR'S SIGNATURE	M.
VS. AtSME	Cormon & M. Mullen Rising Sun, Md. DATE JUL 27 '61	
SM 9/60	Commerce RISING Sun, Mid. 1 DATE OF 1 Called & to	



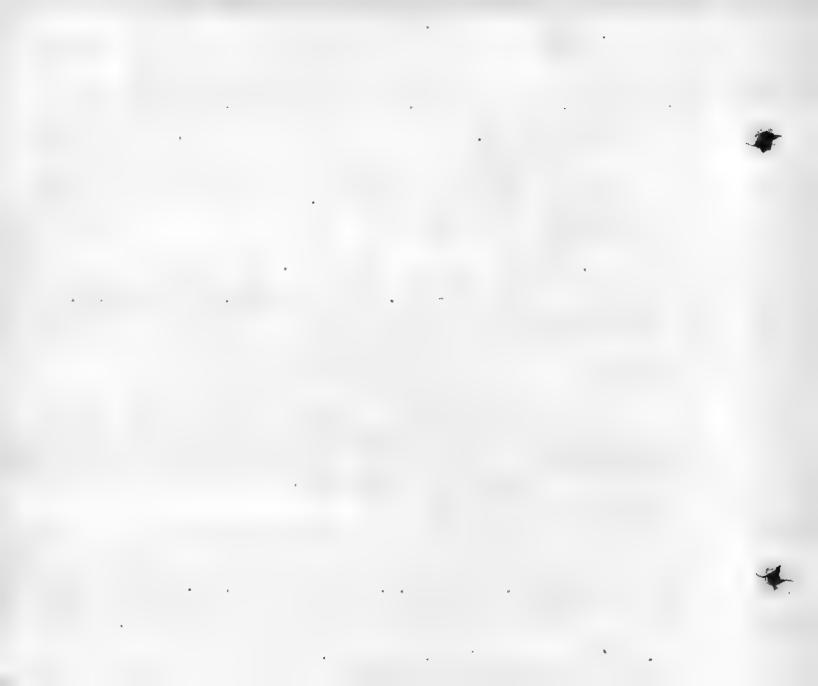
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution, Residence before admission) a. COUNTY 6. COUNTY Cecil Cecil . MARYLAND by # b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Chesapeace City Clesapeake City Rural d. NAME OF HOSPITAL OR INSTITUTION, if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 217. YES NO A Nursing Fome 3. NAME OF 4. DATE Midd e DECEASED (Type or print) DEATH July 5 RIPFYIN 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE IN YEAR HE JNDER I YEAR . IF UNDER 24 HRS. last birthdey) and Months WIDOWED IX Male DIVORCED I physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bangor, Maine House Painting Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl .5 Matha Elison John Alexander 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address [Yes, no, or unkown) | (If yes give wer or dates of service) Mrs. A. Hallier Johnson, Chesapeake City 18. CAUSE OF DEATH (Enter only one cause per line for [e), (b), and (c).] NTERVAL BETWEEN ٥ ONSET AND DEATH CONCHO PREUMONIA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO OLD AGE Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? □ NO □ use prior 200. ACCIDENT WAS UNDERLYING .T 20b. DESCRIBE HOW INJURY OCCURED, (Enfor neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) Hour a.m. While Not While et work at work CIOR 21. I certify that (i) (this thousand) attended the deceased from XVVII. saw the deceased alive on.. 220. SIGNAPURE SIGNED ATTENDING . PHYS. DIRECTOR 22c. PHYSICIAN S 22d. ADDRESS death. 23a, BURIAL, CREMATION, | 23b. (State) REMOVAL (Specify) New Hampshire Fine Hill Cemeterv Dover. 9 ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATUR VR A15 (4) arthur & trans 15M 9/60 akton.

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before editission) a. COUNTY Page **b.** COUNTY Maryland Cecil Cecil iles. MARYLAND b. CITY OR TOWN (if outside corporate limits, I C. LENGTH OF STAY IN 16 a. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town, write RURAL and give neerest lown] D. O. A. Perry Point Perry Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Avenue D. Veterans Administration Hospital YES NOTE 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 19 61 DAVID MARKERY GORDON July 6 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) | Months Hours I Min. Male WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COLNTRY? done during most of working life, even if retired) Govt. Refrigeration Mechanic Wilmington, Delaware USA PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Macklem John B. Gordon 15 WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give wear or dates of service) | with Perry Point. Md. Mrs. D. M. Gordon 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ventricular fibrillation. 5-10 min. IMMEDIATE CAUSE (a) **DUE TO** Arterioselesetie heart disease. Unknown gave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I/O 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20s EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) fectory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21 I certify that I took charge of the remains described above, held an Autopsy X. Inspection L Inquiry 2 and in my opinion 20 Accident Undetermined manner Suicide Homicide death resulted from Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER C. DODSON DEPUTY MEDICAL EXAMINER K EXAMINER'S Address (Streat, city, lown, or county) Rising Sun, Md NAME (Type) 1 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Northeast. Md. FM. <u>540</u> 9 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Aome, Havre de Grace, Md. pardul 11'61 Chilms S. Hraus

5M 7/59



1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	DE 1 MARYLAND
₽ 500/			7857 CERTIFICATE OF DEATH	07848
funera	M)	1.	PLACE OF DEATH  •. COUNTY Cecil  2. USUAL RESIDENCE (Where decessed lived, If it e. STATE District of Columb	r <u>y</u>
24 hour by the and 2			b. CITY OR TOWN (if outs de corporate limits, Perry Point  c. LENGTH OF STAY IN 1b 12yrs6mos8days Washington	- 24
hin ad in		1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	IS RESIDENCE ON A FARM?
scuted will apletely		3.	Veterans Administration Hospital  NAME OF DECERSED (Type or print)  NAME OF DECERSED (Type or print)  OLIVER G. JACKSON  OF DEATH July	Dey Yeer NO
exe com g no		5.	SEX 6. COLOR OR RACE I THE PROPERTY IN A DATE OF RIGHT	IF UNDER 1 YEAR   IF UNDER 24 HRS.
and and carb	} E		Male   Negro   widowed   Divorced X June 6, 1898   63 yrs.	Months Deys Hours Min.
certificat physician remove	eny dva	d	e. USUA. OCCUPATION (Give kind of work production of work of working life, even if refired)  Unknown  Maryland	USA
nath o	-	13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
endir		1/15	LLOYD T. JACKSON  ALICE DIGGS  WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address	* 45-47-A
at the	noval,	(1	es, no, or unknown) (If yes givewer or detes of service) UNKNOWN Hospital Records, VAH., Perr	y Point, Md.
quires the hysician, sed by the it permit.	ار ان ما او		PART I. DEATH WAS CAUSED BY:  ARRHYTHMIA, ventricular  ARRHYTHMIA, ventricular	INTERVAL BETWEEN ONSET AND DEATH 15-30 min
The law re attending pl as been sign burial-transi	iat, cremano		Conditions, if eny, which geve rise to immediate cause (a), stelling the underlying Cause lest.	Unknown_
Spital or rificate h		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES NO
the hother this center of for until	ة أحا	CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ned by After detache	5	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)  While Not While factory, street, office bidg., etc.)	(County) (State)
ATTEN be reta	D D		21. I certify that AND AND SECTION attended the deceased from anuary 5, 19 49 to July 13	and on the date stated above
M DIRE			220. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. L	22b. DATE
Day Sal			PHYSICIAN S NAME (Type) A. L. MOONEY, N.D. 22d. ADDRESS VAH, Perry Point, M	aryland
HOS leath. I		23	Asst. Clinical Pathologist  Burlal, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY  MOVAL (Specify)  7/4/6/ Arlington National Ft Myer. Va	
Q Q 15 14	1.0	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
15M 9/60	,	_	PENANGTON SOL Havre De Grace, Md. DATE JUL 1.9 '61	who & Kome



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7858 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fixed, If institution, Residence before edmission) . COUNTY e. STATE **b.** COUNTY 122 MARYLAND Maryland Harford Cecil b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town Forest Hill 49 davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES THE Veterans 3. NAME OF Administration Hospital papers Day Morth DECEASED OF (Type or print) DEATH Layton LEWIS July 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years | YF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) WIDOWED [ 44 Male White DIVORCED [ June 17,1917 1 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) USA R.R. -Carpentering W. Va. Carpenter's Helper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (deceased) Hallie McCov Romey Lewis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unkown) | (If yes give wer or detes of service) 218-18-8548 Hospital Records, VAH, Perry Point, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ģ ONSET AND DEATH Bronchopneumonia associated with debilitation PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (e) DUE TO Pericarditis & Pleuritis 6-8 weeks Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying certificate has by use as the bur prior to burial, Rheumatoid arthritis severe PHYSICIAN: the hospital or PART II. OTHER & GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.). 19. WAS AUTOPSY PERFORMED? NO [ 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18 ) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 2Dc. TIME OF INJURY 2Dd. NJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. el work et work DIRECTOR: 21. I certify than the troop is superior attended the deceased from June. 5......... 181. to July ............ 181.x in the content of the co xame the electron and the date stated above. 22m. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 7-24-61 22c. PHYSICIAN'S 22d. ADDRESS MOONON HOSPIT, bath. Per FUNER. rector, page filed with MOONEY Asst. Clinical Pathologist, VAH, Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify 02047 Friendship Fallston, Maryland 25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) JUL 2 6 '61 Circhar S. Kraus 15M 9/60 FUNERAL HOME, Jarrettsville, Md. C. Tourt



*	The same of the sa	7859 CERTIFICATE OF DEATH Reg. Dist. No. OFFICE
Page 4 I director, filed with	M	1. PLACE OF DEATH O. COUNTY Ceeil  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) O. STAMARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) O. STAMARYLAND
after death: Page the funeral directo should be filed wi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  RURAL and give nearest town  Pert Deposit  C. LENGTH OF STAY IN 1b  RURAL and give nearest town)
rrs after	100	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Center St.  d. STREET ADDRESS ON A FARM? YES NOT
n 24 hou filled in ges 1 o		3. NAME OF DECEASED (Type or print) Rosie L. Mason 4. Date Month Day Year OF DEATH July 8 19 6.
d within letely fi		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  Female  Colored WIDOWED DIVORCED June 12, 1883  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
executer and camp on paper death.		10a. USUAL OCCUPATION (Give kind of work dane during most of worked like even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  11c. CITIZEN OF WHAT COUNT WAS A 12c. CITIZEN OF WAS A 12c. CIT
a care	T	James Jones II. MOTHER'S MAIDEN NAME  LICE ARBY
ng physicia remove 72 haurs	(T)	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Virginia Mason, Port Deposit, Md.
that the death certificate by the attending physician 1. Then please remove con y event within 72 haurs of		18. CAUSE OF DEATH [Enter only one couse per list for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONSET AND DEATH  THE CAUSE OF DEATH  THE CAUSE OF DEATH  ONSET AND DEATH  THE CAUSE OF DEAT
that the by the sit. The ny even		Canditions, if any, which ) (b)
require: an. signed sit pern		gove rise to immediate covise (a), stating the under-lying couse last.
physici physici nas beei rial-fran naval, o	, Alle	PAIR-IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED? YES NO
tending ificate lithe burner or ner rer		20g. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER] 20b./DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
PHYSIC of or of this cert r use as emotion		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work at work
NDING Phospit After I ched for		21. I certify that I attended the deceased from 19.5, to 19.5, to 19.5, that I lost saw the deceased olive on 19.5, and that death occurred of 19.5, from the causes and on the date stated about
d by the		ACTUAL SIGNATURE CLASSICE FRANCE PORTESS (Street, city or town, stole) DATE SIGNATURE
retgine RAL should stror pri		PHYSICIAN'S Clarence I. Benson Mc
may be o FUNER page 3:		220. BURIAL CREMATION, 27b. DATE THEREOF 7-11-1961 22c. NAME OF CEMETERY OF CREMATORY Cokesbury Cemetery Port Deposit, Md.Rural
VS A15 (4) 15M 9/55	_ (	22/tunegal Director's signature  ADDRESS  Perryville, Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE JUL 1 1 '61  Circle 8. Krana



PYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7850 medical examiner's certificate of death FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Page Health, Cecil Md. files. MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rector. Board of I write RURAL and give nearest town! R.F.D. Hacks Point Pirkuni? list on En. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM retained he State YES NO FE 3. NAME OF Middle 4. DATE Last Month Day Year DECEASED OF 3 to the ‡ (Type or print) DEATH 19 4. COLOR OR RACE T. MARRIED with 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. NEVER MARRIED 2 with PM3. Page 5 may pages 1 and 2 will within 72 hours a last birthday) Months Doys Hours Mlr. 16 WIDOWED ! DIVORCED yrs. ould be executed within 24 hours after 'in pencil in frem 18. Give Pages 1, 2, al Office along with form PM3. Page 5 r 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Student U.S.A. Md. School Girl 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Ethel Jackson A.P. McCommons 0 **S** This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) I (If yas give wer or detectof service) permit. City. Md. any Rebert Feard, Chesapeake 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH -transit PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Drowned DUE TO burial Conditions, if eny, which (b) gave rise to immediate cause "pending" ra Examiner's DUE TO (e), stating the underlying SE cause lost. pesn PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(\*) 19. WAS AUTOPSY CERTIFICATION PERFORMED? å the word cremat NO Medical Swimming and went into deep water pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING EDICAL EXAMINER age 3 sho to burial. CAUSE OF DEATH. Chief to the certificate, writing CAL Month, Day, Year 20d, NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) 20c. TIME OF INJURY (State) fectory, street, office bldg., etc.) 2 While Not While et work et work ac should be forwarded to the FUNERAL DIRECTOR: P. prior Long Point Hacks Point Cecili 21. I certify that I took charge of the remains described above, held an Autopsy Inspection \_\_\_\_\_, Inquiry | and in my opinion agent, death resulted from: Natural causes Accident -Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE PUTY MEDICAL EXAMINER 📑 EXAMINER'S Rising Sun Md. should R.C.Dodson DEPU NAME (Typa) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) Maryland Cemetery 40 Cherry Cherry ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR 24e REC'D BY REGISTRAR I VS. A15ME - 1 Elkton. Chillen & Kraus 5M 9/60

£ : . ic . . . Aft  $\in \mathbb{I}$ . . . r) , r .. 4 Mary and write ... 0 ...



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Part may be retained by the hospital or attending physician.

> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. See 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07853

	PLACE OF DEATH		2. USUAL RESIDE	NCE (Where decessed lived, If in	stitution: Residence before admission)				
	Cecil	MARYLAND	• State of the sta						
	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)						
	Perry Point	23 days	Alexandria						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	sitel, give street eddress)	d. STREET ADDRES	S	e. IS RESIDENCE				
	VA Hospital		1708 A	Common Wealth	Avenue YES NOTE				
3.	NAME OF first	Middle	Lost	4. DATE Month	Dey Yeer				
	(Type or print) Samuel		Moss Jr.	peath 7-2-	-61 19				
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yaors I					
	Male White WIDOWED		12-6-17	lasypithday)   7 yrs.	9   29				
E0a		ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
ao	Bookkeeper	-		William - Va.	U. S. A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDE	N NAME					
	Samuel A. Moss Sr.		Lottie P	erkins					
15.	WAS DECEASED EYER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	NFORMANT	Address					
1110	Yes WW II	Jnk. VA	Records -	VAH Perry Poir	nt. Maryland				
	18. CAUSE OF DEATH [Enter only one couse per la				I INTERVAL BETWEEN				
	DARE DESCRIPTION OF THE PROPERTY				ONSET AND DEATH				
	IMMEDIATE CAUSE (6) Peri	tonitis due	to extravas	sated contents	ll days				
		of viscera							
		are of duodens	al ulcer		<u>unknown</u>				
	geva rise to immediate cause  DUE TO								
	(a), steting the underlying ceuse lest.								
-	PART I. OTHER SIGNIFICANT CONDITIONS CON	TRIBUT NG TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVE	N IN PART I(n) 19. WAS AUTOPSY				
<u>o</u>	PART I. OTHER SIGNIFICANT CONDITIONS CON	TREBUING TO BEATH BOT NO	TO THE TEN	MINTE DISCIPLE CONTROL CONT	PERFORMED?				
13					YES A NO				
CERTIFICATION	206. ACC.DENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 204. DESCRIPTION OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	, (Enter neture of injury	in Pert Lor Pert II of item 18.)					
1 .									
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. I Hour a.m. While p.m. 19	Not While   fect	CE OF INJURY (Home, for ory, street, office bldg., o		(County) (Stete)				
	21. I certify that (Mathis hospital) attend		6-9-61	, 19 10 7-2-61	, 19, жэбөсөгөсөгөсөгөсөг				
				1.100 from the causes a	and on the date stated above.				
	226. SIGNATURE		1		22b DATE				
	220, 3101111011		ATTENDING	MED. STAFF	7-3-61 NED				
	a L. Moon	Cy- M	D. PHYS.	DIRECTOR PHYS. T	1-7-01				
	22c. PHYSICIAN'S NAME (Type)	1	22d. ADDRESS						
	A. L. MOONEY, A	st. Clinica	l Pathologi	ist, V.A. Hospit	al, Perry Point, Mo				
231	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, tow					
	Removal (Specify) 7/5//94/	Arling	ton	Arlington	. Va.				
24	FUNE AL DIRECTOR'S SIGNATURE	/ADDRESS /	1 1 25001	REC'D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE				
1	Dennis at an older Motor	e de crace	March Mary	u 7 '61   Cod	- S Krana				
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י וביבי. בבולט . . . law requires that the death certificate be executed within 24 haurs after death. Page



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **04 MEDICAL EXAMINER'S CERTIFICATE OF DEATH** TH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If Institution Residence before admission) a. COUNTY **b.** COUNTY Cecil 95 Marvland Harford MARYLAND b. CITY OR TOWN ,if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Less than Perry Point Whiteford d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Sive street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital Main YES NOTE 3. NAME OF 4. DATE Month DECEASED (Type or print) OLIVER DEATH PARTHREE 1961 July 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH ast birthday) Months Days Male WIDOWED | DIVORCED TT 4-1-06 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY 11. TRTHELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working I fa, avan if retired) Pennsylvania Truck Driver Trucker USA 13. FATHER'S NAME 14. MOTHER'S MA, DEN NAME John M. Parthree Cecelia Downey IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas giva war or datas of servica) Hospital Records, VAH, Perry Point, Md. WW-II 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1. Hemorrhage, subdural, right. IMMEDIATE CAUSE (a) 12 hours " in pend Office a 2. Fractures of the calvarium, multiple. Conditions, if any, which 12 hours gava risa to immadiata cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIF. CANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT. ON GIVEN IN PART 1/a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of in very in Part I or Part I, of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Fell down flight of stairs, approximately 10 steps. 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., etc.) Not While Whila 3:30 XXX July 13:61 at work at work Whiteford Home Maryland 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion 20 please exc. 15 the certific 4 should be forwarded to 5 FUNERAL DIRECTO or its designated agent, p Accident K. Suicide . death resulted from Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 7-14-61 **EXAMINER'S** NAME (Typa) R. C. DODSON Address (Streat, city, lown, or county) Rising Sun. Md. 22a, BURIAL, CREMATION, 7 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Mt. Nebo Delta. Pa. Burial 7-17-1961 240 p 23 FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15MF Harkins Kungral Home, Delta, Pa. DATE JUL 1 8 '61 Chilma & Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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ors after	X		d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, giv	e street oddress	s)	d. STF	REET ADDRESS				ON A FARM? YES NO CX
n 24 ha illed in	/\		NAME OF DECEASED (Type or print)	First Mat1		Middle Ad ams		lost ugh	4. DATE OF DEATH	Month July	Doy 12	
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and c		12	_	ewife		_	14 40	Virgini HER'S MAIDEN			USA	
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physic remave 2 hours			, no, or unknown) [16	IN U. S. ARMED FORCE yea, give wor or dates of serv		L SECURITY NO	INFORMAN			Addres		
eath c ending lease thin 7		F	18 CAUSE OF DEAT	H (Enter only one cous	se per line for (	o), (b), ond (c).}	Roger	Pugh	Elkton	RO Ma	ryland	RVAL BETWEEN
the d			PART I. DEATI	WAS CAUSED BY:	Sarc	oria of	the ch	est wa	ll wi	th	3113	
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requires on signed sit perm			gove rise to im couse (a), stating th lying couse lost.									
physicic as been al-tran	-	CATION	PART II. OTHE	R SIGNIFICANT CONDI					NINAL DISEASE C	ONDITION GIVE	N PART 1(a) 19	PERFORMED?
IAN: The rending liftcate har the burning		CERT F	20g. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	UNDERLYING 1 2	OB. DESCRIBE T	TOWN WITH THE	CURRED. (Enter no	dure of injury in	Port I of Port II	of item 18)		
PHYSIC In a cart this cert in use as complete co		MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Month, Doy, Year	20d. INJURY While Not work 0	Not white	0e. PLACE OF IN: foctory, street	URY (Home fore, office bldg., etc.		town]	(County)	(Stote)
DING haspit After ned fo				t I attended the o								the deceased
y the TOR:			alive anu		., 126.1	_, and that a	leath accurre	d of 4:445	M, fram th	e causes and et, city or town, st	an the date	stated abave.  DATE SIGNED
NI OR A			ACTUAL SIGNATURE PHYSICIAN'S	helps	minus frag	9	MD	33 E+-			7,	/12/61-
SPITA be rel VERA	n	220	NAME (Type) 5 BURIAL, CREMATION			NAME OF CEMET	ERY OR CREMATO			N (City, town or	county)	End
o HO may O FUN page			REMOVAL (Specify) Burial	July 15	1961				Lans	ing Ashe	Co., N.	C.
VS ATS (4)		23(	FUNERAL DIRECTOR'S	SIGNATURE	no	ADDRESS	st My	,	'd by Attistica JL 1 7 '61		RAR'S SIGNATUR	
1SM 9/58		1	THE VI	7	100		W II	27 2711		بالاناب	-w/ 1 Tirall	4



	DIVISION OF STATISTICAL RESE		PARTMENT OF HEA 301 W. PRESTON STRE OF DEATH		maryland 0785
VI)	T. PLACE OF DEATH a. COUNTY  Cecil b. CITY OR TOWN (if outs da corporate limits.)	MARYLAND di N. YATZ 70 HIDNES .5	2. USUAL RESIDENCE (When a, STATE  Md.  C. CITY OR TOWN (If ourside of	b. COUNTYC	ecil
×	write RURAL and give neerast town) Fredricktown Home d. NAME OF HOSPITAL OR INSTITUTION (find in hi	) ospital, give street addrass, t	Fredricktown d STREET ADDRESS	X.	. IS RES ON A YES 1
	3 NAME OF First DECEASED (Type or pant) Howard	Middie	Reese DEA	TH July	Dey Yeer 13, 196
1	done during most of warking life, even if retired)	VED   DIVORCED   Ja KIND OF BUSINESS OR INDUSTRY	DATE OF BIRTH  INUARY 30, 1899  11 BIRTAPLACE County & State	9. AGE (In yeers   IF UNDER   Months   62 yrs. or foreign country) 12. C	
	13. FATHER'S NAME	arming	Md.  14. MOTHER'S MA DEN NAME	U.	S.A.
	Howard Reese Sr.  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown)   (Ifyasgivewarordelesofsarvice)	S SOCIAL SEĆUR TŸ NO. 17. 11	Annie Gaddys	A ddress	
	420.0 DUE TO	Acute compestive		Henderson, Mo	INTERVAL BETY ONSET AND D IO
^	(a), stating the underlying DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO		RELATED TO THE TERM, NAL DISEA	SE CONDITION GIVEN N PA	RT 1(e) 19. WAS A PERFO
	2D. ACCIDENT WAS UNDERLYING [] 2Db. DI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter nature of in ury in Pert , or Pe	ort II of stem 1B )	
	20c. TIME OF INJURY Month, Dey, Yeer 20d Wh. p.m. 19	ileNot While fecto	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	City or town) (Co	ounty) (
	21. I certify that (I) (this hospital) attentions the deceased alive on		death occured at 3. DM, In		
0	NAME (Type)  Wallace Obeacha, i  23a. BUR,AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  July, 16, 1961	23c. NAME OF CEMETERY C		OCATION (City, town or cou	niy) (Si
1	Burial Duty 10, 1901  24 FUNERAL DIRECTOR'S SIGNATURE  TO THE STATE OF	Cecilton Ceme		GISTRAR 256. REGISTRAR'S	SIGNATURE



NAME OF HOSPIT OR INSTITUTION	Elkton	a, write c. LEN	CERTIFIC	ATE OF I			lived If institut	Reg. Dist. I		358
COUNTY  CITY OR TOWN !!  RURAL and give no  NAME OF HOSPIT  OR INSTITUTION	If outside corporate limit earest town) Elkton	n, write c. LEN		2. USUAL RES	DENCE (Wh	ere deceased	lived If institut			
NAME OF HOSPIT OR INSTITUTION	If outside corporate limit earest town) Elkton	a, write c. LEN		1/	aryla		b. COUNTY		elare admi 7	ssion)
			OTH OF STAY IN 16	c. CITY OR	TOWN (IF o	utside corpor	ote limits, write I	A A A E	nearest to	vn)
			_Day	d'STREET		<del>- , - 1:1 i</del>	cton		ON	ESIDENCE A FARM?
AME OF ECEASED	Inion Hosy		Middle	lo Lo	st	4. DATE OF DEATH	Мо		Day	Year
ype or print) X	6. COLOR OR RACE			8. DATE OF BIRT	Н		9. AGE (In years last birthday)	IF UNDER 1 YE		
F.	DN (Give kind of work c	WIDOWED I	DIVORCED T			912	_148 yrs			
			use Work	14. MOTHER'S				T	L.S.	Α
			SECURITY NO 17.		lizah	eth (		fress		
(XXXXXX	(If yes, give war or dotes of se	rvice)	P,	emberto	n J.	Ross	_Rd_#_	4, Elk		Md.
	TH WAS CAUSED BY:		-	ericard	itis			0	NSET_AN	D DEATH
	ny, which ) (b)	Pneum	onectomy	Of Rig	ht Lu	ıng			3 Mo	nths
cause (o), stating lying cause last,	the <u>under-</u> DUE TO									nths
PART 11. OT)	HER SIGNIFICANT CONI	DITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART 1(a	PERF	ORMED?
20a, ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	LS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter nature o	of injury in F	art I ar Part	II of item 18.)			
Oc. TIME OF INJUR Hour a. ji. p. m.	Y Month, Day, Yea	While No	ot white fo	LACE OF INJURY ectory, street, office	Home, form e bldg., etc.	20f. (City	or town)	(Coun	ly)	(State)
	nat I attended the			/, 19 <u>61</u>	, to 7/	24/	-			
0	mes /	Ohin	, and mor deon			ADDRESS (Sit	eet, city or town,	state)		PATE SIGNED
	ames L. J	hnson 1	M. D.	E1:						
BURIAL, CREMATIC REMOVAL (Specify)	7/27/6									
	'S SIGNATURE	AS	DDRESS		24a. REC'C	BY REGISTI	RAR 24b. REG	STRAR'S SIGNA	TURE	and.
	F.  USUAL OCCUPATION  Inter's NAME  Chare  Chare  TAS DECEASEDEVE  O, or unknown)  CXXXXXX  B. CAUSE OF DEF  PART I. DEA  Conditions, if a gave rise to i cause (o), stating lying cause last.  PART II. OTI  OG. ACCIDENT W.  OR CONTRIBUTING  FEITHER, NOTIFY  CC. TIME OF INJUR  HOUT G. PI.  P. m.  CTUAL  IGNATURE  HYSICIAN'S  LAME (Type)  BURIAL, CREMATIC  REMOVAL (Specify)  BURIAL, CREMATIC  REMOVAL (SPECIFY)	JUSUAL OCCUPATION (Give kind of work of buring most of working life, even if retired) HOLSEWIFE ATHER'S NAME  Chay les M. SWE  AS DECEASED EVER IN U. S. ARMED FOR O. or unknown) (If yes, give wer or date of se wax	F. W. WIDOWED DUSUAL OCCUPATION (Give kind of work done lob. KIND of buring most of working life, even if relired)  HOLSEWIFE HOLSEWIFE  Charles M. Swartz  AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL of unknown)  (If yos, give wor or dotes of service)  AXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	JSUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDI- during most of working life, even if retired)  HOLSEWIFE  AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.  O, or unhappyn)  (If yes, give wer or done of service)  PART I. DEATH WAS CAUSED BY: INMMEDIATE CAUSE BY: INMMEDIATE CAUSE BY: INMMEDIATE CAUSE BY: INMMEDIATE CAUSE OF DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  OG. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DEATH BU  OG. ACCIDENT WAS UNDERLYING TO THE PROPERTY OF BUSINESS OR INDI- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  OC. TIME OF INJURY Month, Day, Year BUSINESS OR INDIANY OCCURRED While of work of work to be	F. WILDOWED DIVORCED AUGUS  JSUAL OCCUPATION (Give kind of work done)  JOB CONTRIBUTING LIFE AVERT BUT NOT RELATED TO  Conditions, if any, which gave rise to immediate course (c), staing the under- lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  CO. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of work)  DO. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of work)  DO. TIME OF INJURY Month, Day, Year Hour a. Jt.  P. M. SWATZ  E. HOMBERS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  CO. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of work)  DO. TIME OF INJURY Month, Day, Year Hour a. Jt.  P. M. SUBSTANCE  CO. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of work)  DO. TIME OF INJURY Month, Day, Year Hour a. Jt.  P. M. SUBSTANCE  CO. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of work)  DO. TIME OF INJURY Month, Day, Year Hour a. Jt.  P. M. SUBSTANCE  CO. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of work)  DO. TIME OF INJURY Month, Day, Year HOUR a. Jt.  P. M. SUBSTANCE  AND 2245  HYSICIAN'S James L. Johnson M. D.  ELL  LAME (Type)  UNICAL CREMATION, 22b. DATE THEREOF  ELL TO CEMETERY OR CREMATORY  ELLAME (Type)  UNICAL CREMATION, 22b. DATE THEREOF  ADDRESS	DIVORCED DIVORCED Algust 4  JUSUAL OCCUPATION (Give kind of work done luring most of working life, even if retired)  HOLSEWIFE HOUSE WORK  THER'S NAME  Charles M. Swartz  AS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO  OF Unknown) (If yee, give word of dote of service)  R. CAUSE OF DEATH (Enter only one couse per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate acuse (c), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINE FEITHER, NOTIFY MEDICAL EXAMINER)  OC. ACCIDENT WAS UNDERLYING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)  OC. TIME OF INJURY Month, Doy, Year How Mile of work of work of or work of one work of the course of my of work of one work of the course of my of work of the course of the property of the course of my of the course of the course of my of work of the course of	JSUAL OCCUPATION (Give kind of work done loss. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign co luring most of working life, even if relired)  HOUSE WORK  HOUSE WORK  HOUSE WORK  LA. MOTHER'S MADE NAME  Charles M. Swartz  AS DECRASED EVER N. U. S. ARNED FORCES? (Inc. SOCIAL SECURITY NO loss without or date of service)  OCXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	JULY TO CONDITIONS, If any, which gave rise to immediate Cause (p), training the under lying cause lost.  Far II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GO. 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# # # # # # # # # # # # # # # # # # #	7868 CERTIFICATE OF DEATH Reg. Dist. No. 07859
1	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY b. COUNTY
	Cecil Maryland Cecil
A	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  RURAL and give nearest tawn)
$T_{ij}$	Elkton 2 mon'hs Rural Elkton,
	d. NAME OF HOSPITAL (If not in haspital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
~	OR INSTITUTION  Devine Haven Nursing Home  On A FARM?  YES D NO D
3	3 NAME OF FIRST Middle Co. Lost 14. DATE Morally Day Year
	OFCEASED Kathryn H. Scarbarough OF DEATH Tuly 19 19 61
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	Number of Divorce of North AV 1973 Or Months Days Hours Min
	Fomale White WIDOWED DIVORCED NOV. 4, 1870 87 yrs  100 USJAL OCCUPATION (Give kind of wark dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)
	Housewife Maryland U.S.A.
	13. FATHER'S NAME
	Washington Hall Sarah Jane Steele
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT  Address  (Yes, no, or unknown)   (If yes, give war or dates of service)
	Stanley R. Scarborough, R. D. 3, Elktor
	18 CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  NOSET AND DEATH  DATE  ONSET AND DEATH
	DUE TO
	Condition them which
	gave rise to immediate
	cause (a), stating the under-
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES \( \text{No.} \te
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 00 ACCIONATIVAC UNICEPRIVING TO 901 DESCRIPE HOLV BUILDING DECLIPED OF
	206 ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED (Epfer nature of injury in Part I of Part II of Item 18.)  OR CONTRIBUTING DEAUS OF DEATH  UNITED THE INTERNING DEAUS OF DEATH  UNITED THE INTERNING DEAUS OF PART II of Item 18.)
	D Hayr a.m.   White Not while   ractory, street, article blag., etc.)
	₹ pm 19 at wark □ at wark □
	21. I certify that I attended the deceased fram
	alive on 7/17/2 , 19 fig., and that death occurred at 925 DM, from the causes and an the date stated above
1	'ADDRESS (Street, city or town, state)  DATE/SIGNED
	SIGNATURE 7/2/6
	The state of the s
	PHYSICIAN'S Peter Stavrakis, M.D. 154 W. Main St., Elaton, Md.
	220 BUR AL, CREMATION, 22b, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State)
	"EMBYAFTAT July 22,1961 Cherry Hill Cemetery Cecil County Maryland
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECID BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	Lach & Heck Elkton, Maryland DATE AND 1 61 Chilm 8. Times





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edm ss on) **b.** COUNTY Harford c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YEURKYOUT 1961 July AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours 12, CITIZEN OF WHAT COUNTRY? USA Hospital Records, VAH, Perry Point, Md. INTERVAL BETWEEN ONSET AND DEATH unknown PERFORMED? NO (State) (County) June 26 , 1961 to July 11 , 1961 xxxxxxxxxx 22b. DATE

5 GNED

-11-61

(State)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesed fivad, if institution; Residence before edmission) a. COUNTY b. COUNTY Cecil Maryland MARYLAND b, C TY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 15. c. City OR TOWN (If outside corporete limits, write RURAL end give nearest town write RURAL end give nearest town) direct Perry Point Less than 24hrs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4914 E. Federal Veterans Administration Hospital YES NO X 4. DATE 3. NAME OF DECEASED DEATH (Typa or print) ROBERT SUMMERS 1961 July 19. AGE (In years | IF JNDER I YEAR I IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) | Months | Days Male WIDOWED -DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work , 105, KIND OF BUSINESS OR NOUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratifrad) Give Pages rm PM3. Pag unknown USA Electrician Connecticut JA. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carleton Summers Evelyn Mealia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT Address bothospital Records, VAH, Perry Point, Md. 18. CRUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Bronchopneumonia, bilateral. days IMMEDIATE CAUSE (a) DUF TO Abdominal carcinomatosis, primary site Conditions, if any, which linknown geve rise to immediate cause unknown. DUE TO (e), stating the underlying PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of insury in Part I or Part II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY OF CONTR BUTING CAUSE OF DEATH. MEDICAL 20c. TAME OF INJURY 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, ferm, Month, Dey, Yaer 20f. (City or lown) (Stelle) (County) factory, street, office bldg., etc.) Not While While Hour a.m. at work | el work | Prior OR 21. I certify that I took charge of the remains described above, held an Autopsy K., Inspection K. Inquiry X and in my opinion death resulted from: Natural causes K Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Rising Sun, Md. 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, 22b. DATE THEREOF (Steta) REMOVAL (Spacify) E40 9 ADDRESS Baltimore . Md | 240. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Rosedale Funeral Home. 2411 Cheseco Ave. Chilmy & Frank

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Cecil **b.** COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporele limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ģ write RURAL end giva neeres! town) Perry Point 7mo.13davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3914 Pinkney Road Veterans administration Hospital NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH CHARLES LEWIS TOOR July and col 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Male White WIDOWED DIVORCED [ -22 - 910a. USUAL OCCUPATION [Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Pennsylvania USA atore Manager 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Simon Toor Ida Sealfon (deceased) deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyasgivawarordalasofsarvice) ng physician. Yes WW-1 195-07-6521 Hospital Records, VAH, Perry Poknt, Md. 18. CAUSE OF DEATH [Enter only one ceusa par line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: Hypertensive cadio - vascular disease DUE TO attending parts signal (b) gave rise to immadiate cause DUE TO (e), stating the underlying FSIC. 1 hospital on secrificate has vice as the burier burier cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION Arteriosclerosis, general@zed. Chronic Brain Syndrome 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Item 18.) this for t R: After detacher 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year While Not While factory, streat, office bldg., etc.) at work at work may be reta
DIRECTOR
3 should be 220. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. M.D. page with t PHYSICIAN'S 22d. ADDRESS FUNE, ector, pa

23c. NAME OF CEMETERY OR CREMATORY

Beth Tfiloh

ALLAHVERDI, M.D.

Sol Levenson & Bros. 6010 Reistertown Rd.,

23e. BURIAL, CREMATION, | 23b. DATE THEREOF

REMOVAL (Spacify)

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NO

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO K

(State)

22b. DATE

27-61

(Stele)

V.A. Hospital, Perry Point, Md.

ADDRESS Baltimore, Mozes. REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE

23d. LOCATION (City, town or county)

Circling & Hours

Baltimore, Md.

SIGNED

Unk.

Year

壳 0 VR A15 (4) 15M 9/60

24

within

executed

the state of the s Tiel 295-57-6521 Foodfeel Indonés, Tal, sany leine, at. Contributions with a Contribution . The State of a section in the Total to the said of the said [ - de Alban (2015). P. C. o. March 13, 20th Petrop and The state of the s . As mentioned the plan and amendment to be TO HOSE THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUR, A.A. DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pape. Pages 1 and 2 should be filled in prior, to burial, cremation, or removal, and in any event, within 72 hours after definition.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7873 CERTIFICATE OF DEATH 07864 07864

1. PLACE OF DEATH					2. USUAL RESIDENCE (Where dacessed lived, If institution, Residence before admission)								
	a. COUNTY	Cecil		MARYLAND	a. STATE Maryland b. COUNTY Harford								
	write RURAL a	N (if outside corporeta limit and give neerest lown)	5,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)								
	Perry .			3 mo. 18 day									
	d. NAME OF HOS	PITAL OR INSTITUTION (I	not in hos	spital, give street addrass)	d. STREET ADDRE	ESS	7 .	1		A FARM?			
		Administrat	ion E	Tospital			10	LXS	YES [	NOK			
3.	NAME OF DECEASED	First		Middle	Last	4. DAT	-		Day Yes				
	(Type or print)	ALVA		S.	WHEATON	DEA	JU.			61			
5.	SEX	6. COLOR OR RACE	7. MARRIE	ED X NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yeers last birthday)	Months De		R 24 HRS.			
	Male	White	WIDOWE	DIVORCED	3-18-91		70 yrs.						
		ATION (Give kind of work working life, even if retired		IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (C	County & Stete,	or foreign country	12. CITIZE	N OF WHAT	COUNTRY			
12	Oper			Machine	Pennsyl			US	1				
13	FAITILE S (AVAIL		eator	(deceased)	Sarah Je		e (dece	(been					
		EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.		eritte	Address						
(1)	Yes	(Ifyesgivewerordetesofse	1-0	2-03-4409 B	ospital Re	cords.	VAH. Pe:	rry Poi	int. Mo	1			
	18. CAUSE OF	F DEATH [Enter only one	ceuse per		-				INTERVAL BE	TWEEN			
	PART I. DE	ATH WAS CAUSED BY:	Arrh	ythmia ventr	icular				ONSET AND	in			
	IMMEDIATE CAUSE (a) AFFRY TRIMI & VERTICULAR  DUE TO												
									unkn	unknown_			
	geva rise to imm	adieta cause			110012 9 (12)	0,000				O W ##			
	(a), stating the underlying DUE TO												
	cause lest. (c)									LUZOBEY			
O N	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									PERFORMED?			
CAT	Arteriosclerosis generalized									NO 🗌			
CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour a.m.  P.m.  VA 19  20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  (Stete)												
	21. I certify	that XIX XIX XXXXX	XIX atten	ided the deceased from	March 17	, 1961.,	to.July5.	196.]	-xthatx(x)	tekkex)			
	XXXXXXXXXX		XXXXX	th bns XXXXXXX	at death occured a	5:20 bai	rom the causes	and on the	a date state	d above.			
	22a, SIGNATUR				ATTENDING	MED.	STAFF _		22	b. DATE			
		a. L. ma	none	M	M.D. PHYS.	DIRECTOR	PHYS.		7-6	-61			
	22c. PHYSICIAN NAME (Ty		VEY	Asst.Clinica	22d. ADDRESS 1 Pathologi	ist, V	AH, Perry	Point	. Md.				
23	BURIAL CREM	ATION, 236. DATE THER		23c. NAME OF CEMETER			OCATION (City, to			Stata)			
	REMOVAL Spec	7/10/	6/	Arlingto	n National	L Ar	lington,	Virgi	nia				
24	-11	OR'S SIGNATURE		ADDRESS		REC'D BY RE	GISTRAR 25h RE		SNATURE				
1	Jennin	Margarette, 2000,	THE .	re de Grace,	PIQ . DATE	Agr.							

Bodshilms - arribation D = 0 After Countries and Countries depend -boards (dugmand) Natural Succession (encountry) 142 - 152 - .il diel mer al armen r-asali duran pitoroio notim za meralinganes aleggologolista 100 SELVERIVE D the same with state of the form of the same to the sam The first the sent that send the second to the second Commission is 177, there is to the second in